

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025859

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

237

FILED JUL 31 1962

## 1. PLACE OF DEATH

a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Thousand Hills Lake

Length of stay in 1b  
1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Thousand Hills Lake

Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Adair

c. CITY  
OR  
TOWN Kirksville

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 1505 N. New

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First  
HAROLD

Middle  
ARCHIE

Last  
SCOFIELD

## 4. DATE OF DEATH

Month Day Year  
July 24, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-15-1912

## 9. AGE (last birthday)

50

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

## 10b. KIND OF BUSINESS OR INDUSTRY

Farm Implement

## 11. BIRTHPLACE (City and state or country)

Harrison, Ark.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Irvin Scofield

## 13b. MOTHER'S MAIDEN NAME

Emma Leister

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

Yes W.W. II

## 17. INFORMANT

Mrs. Chester Waddill Kirksville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Suffocation

INTERVAL BETWEEN  
ONSET AND DEATH  
minutes

#### DUE TO (b)

Drowning

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART III of item 18.)

Apparently Mr Scofield was baiting his fishing lines, he had killed the motor on the boat and was pulling himself and the boat along by the fishing line, lost his balance and fell into the lake

## 20c. TIME OF INJURY

Hour a.m. Month, Day, Year  
pp. 2:00 PM 7-24-62

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
1000 Hills State Lake, Kirksville, Adair, Mo.

20f. CITY, TOWN, OR LOCATION  
STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at App. 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Name or title)  
Nova E. Foster, Coroner, Adair, Co.

## 22b. ADDRESS

Kirksville, Adair, Mo.

## 22c. DATE SIGNED

7-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7-27-62

## 23c. NAME OF CEMETERY OR CREMATORY

Pinkerton

## 23d. LOCATION (City, town, or county) (State)

Adair Co. Mo.

## 24. FUNERAL DIRECTOR

Des Rhey Funeral Home, Inc.  
415 North Franklin  
Kirksville, Missouri

## ADDRESS

W. K. Jackson

## 25. DATE RECD. BY LOCAL REG.

July 27, 1962

## 26. REGISTRAR'S SIGNATURE

Haris W. Ratliff

(Licensed Embalmers' Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 3 1962

Permit issued July 27, 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.